Application or Docket Number														per		
PATENT APPLICATION FEE DETERMINATION RECORD Effective December 29, 1999 09/580, 72/																
CLAIMS AS FILED - PART I (Column 1) (Column 2)											SMALL ENTITY			OTHER THAN OR SMALL ENTITY		
FOR			NUMBER FILED			NUMBER EXTRA				RAT	Έ	FEE] [RATE	FEE	
BASIC FEE												345.00	OR		690.00	
TOTAL CLAIMS			/2 minus 20=			• /_				XS.)= -		OR	X\$18=		
INDEPENDENT CLAIMS			// minus 3 =							ХЗ) -		OR	X78≈		
MULTIPLE DEPENDENT CLAIM PRESENT										+13)=		OR	+260=	/	
* If the difference in column 1 is less than zero, enter "O" in column 2								1	TOT	AL.		OR	TOTAL	140		
1-30-06 CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)										SMA	LL!	ENTITY	· OA	OTHER		
MENDMENT A		REA	AIMS AINING FTER		PP	RECHEST NUMBER NEVIOUSLY PAID FOR	PR	ESENT XTRA		RA1	Έ	ADDI- TIONAL FEE	$\left[\cdot \right]$	RATE	ADDI/ TIONAL FEE	
	Total	. 15	<u> </u>	Minus	۳,	20	=	0		XS	<u></u>		OR	KZIE		
Z Z	Independent	٠ ر	,	Minus	***	5.	8	o		X2X	2		OR	Dec/	,	
<	FIRST PRESE	NTATI	OF MI	ILTIPLE DE	PEND	ENT CU				/8 +12		1	OR	1290		
	7-/7 (Column 1) (Column 2) (Column 3)								-		TAL	-/-	OR	YOTAL		
										ADDIT.	FEE			ADDIT. FEE		
AMENDMENT B		RE A	رد مرسره ۱۳۰۶: ۱۳۰۹: ۲۰۰۰ ۲۲زم		Pi	HIGHEST NUMBER REVIOUSLY PAID FOR	PO	TSENT		RA	Έ	ADDI- TIONA FEE	L];	RATE	ADDI- TIONAL FEE	
	Total	F,	10	Minus	••	20-	= (0		X\$	9=		OR	x378=		
	Independent	E	3	Minus	•••		<u> -</u>	0		ХЗ)-		OR	X78=	Z	
_	FIRST PRESE	NTAT	· F MI	ULTIPLE DE	PENL	DENT CO		-	J	+13	0=		ОЯ	+280=/		
	8-2	\checkmark	-1) (, . ``		·				Y(YAL FFF	<u>.</u>	OR	TO FAL		
	8-0	\ (C-	ייי (' יייי <u>ו)</u>		_(<	Zolumn 2	_{Cc	ില <u>ന്ന 3</u>)								
MTC		RE	YIG SEMT		Pf	RIGREST NUMBER REVIOUSLY PAID FOR	P.	CENT CIRA		RA	E	ADDI- TIONA FEE		RATE	ADDI- TIONAL FEE	
AMENDMEN	Total		7)	Minus .	.,	20	=	<i>;</i> -		XS) -		OR	X\$18=	/	
E E	Independant	匠	3_	Minus			E			X39	} =		OR	V70-	1\/	
	FIRST PRESE	NTA.	JF M	ULTIPLE DE	PEN	DENT CL	<u> </u>		j	+13			1		TX	
	If the entry in cots	sten 1 is	less than t	he entry in col	rain s	, write 10° in c	opoin	3.	-		TAL		HOR HOR	YOYA		
The Trighast Number Park Sty Paid For IN THIS SPACE is less than 20, onter 20. ADDIT, FEE ADDIT, FEE ADDIT, FEE																
	The Highest Nur	TDer F	· · · y Pa	id For (Total)	or undi		កា ហវិ	a runka	70 FO	man an i	: ST EL	A CONTRACTOR	-44 RI C	۰ ۱۰ دعدسی	~	

FORM PROJETS (Flor, 1200)